

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
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| 22 | | 2 | | | | |
| 23 | | 2 | | | | |
| 24 | | 2 | | | | |
| 25 | | 2 | | | | |
| 26 | | 1 | | | | |
| 27 | | 2 | | | | |
| 28 | | 2 | | | | |
| 29 | | 2 | | | | |
| 30 | | 2 | | | | |
| 31 | | 2 | | | | |
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| TOTAL IND. | 1 | | | | | |
| TOTAL DEP. | 53 | | | | | |
| TOTAL CLAIMS | 54 | | | | | |

| | IND | | DEP | | IND | | DEP | | IND | | DEP | |
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| | IND | DEP | IND | DEP | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |